

02 FEB 2006

70/530-91

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION☒ Original☐ Supplemental☐ Substitute

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

METHODS TO PREDICT EDEMA AS A SIDE EFFECT OF DRUG TREATMENT

the specification of which:

☐ is attached hereto.☐ was filed on _____ as Application No. _____
(day/month/year)

and, if this box (☐) contains an *

☐ was amended on _____
(day/month/year)☒ was filed as Patent Cooperation Treaty international Application No.

PCT/EP 03/11377 on 14.10.2003
(day/month/year)

and, if this box (☐) contains an *

☐ entered the national stage in the United States and was accorded Application No. _____

and, if this box (☐) contains an *

☐ was amended, subsequent to entry into the national stage, on _____
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I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

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| COUNTRY/REGION (OR P.C.T.) | APPLICATION No. | FILING DATE (day/month/year) | PRIORITY CLAIMED |
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I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

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60/418,556

15.10.2002

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fw
Full name of sole
or first joint inventor

Marlene Michelle DRESSMAN

Inventor's signature

Marlene Dressman

Date

2/6/05
(day/month/year)

Residence

Germantown, MD 20874, USA

Citizenship

USA

Post Office Address

18005 Red Rocks Drive
Germantown, MD 20874
USA

Full name of second
joint inventor, if any

Sridhar KUDARAVALLI

Inventor's signature

Date

(day/month/year)

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India

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Full name of third
joint inventor, if any **Rachel Helene MALINOWSKI**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Pittsburgh, PA 15206, USA**

Citizenship **USA**

Post Office Address **6351 Walnut Street, Apt. 9
Pittsburgh, PA 15206
USA**

Full name of fourth
joint inventor, if any **Lee Anne MC LEAN**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Medway MA 02053, USA**

Citizenship

Post Office Address **11 Maple Street
Medway, MA 02053
USA**

Full name of fifth
joint inventor, if any **Mihael Hristos POLYMEROPOULOS**

Inventor's signature _____ Date _____
(day/month/year)

Residence **Potomac, MD 20854, USA**

Citizenship **USA**

Post Office Address **11300 Ridge Mist Terrace
Potomac, MD 20854
USA**

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107530391**DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION**☒ Original☐ Supplemental☐ Substitute

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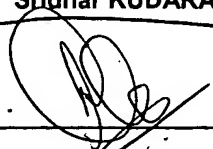
Inventor's signature _____ Date _____
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Citizenship **USA**

Post Office Address **18005 Red Rocks Drive
Germantown, MD 20874
USA**

Full name of second
joint inventor, if any **Sridhar KUDARAVALLI**

ju
Inventor's signature  _____ Date **10/5/05**
(day/month/year)

Residence **Chicago, IL 60615, USA** *USA*

Citizenship **India**

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Full name of third joint inventor, if any **Rachel Helene MALINOWSKI**

Inventor's signature _____ Date _____
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3u
Inventor's signature

Rachel H Malinowski

Date

11 / Apr / 05
(day/month/year)

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USA

Citizenship

USA

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60/418,556

15.10.2002

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

| United States Application No. | United States Filing Date (day/month/year) | Status (Pending, Abandoned or U.S. Patent No.) | International Application No. and Filing Date (day/month/year) |
|----------------------------------|--|--|--|
|----------------------------------|--|--|--|

I hereby appoint all of the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box (☐) contains an x ☒, I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

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IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

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